

Statement of Deficiencies
Citation Summary Sheet

PRINTED: 06/08/2011

For: CHATEAU OF BATESVILLE (006489 / 006489)
Survey Event: H6Y912, Exit Date 06/01/2011

Citations Cited This Visit

Regulation Type	Regulation ID	Regulation Version	Building Number	Tag Number	Tag Title	Scope/ Severity
State	RES1	1.0	00	0000	INITIAL COMMENTS	

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 006489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/01/2011
NAME OF PROVIDER OR SUPPLIER CHATEAU OF BATESVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 44 CHATEAU BLVD BATESVILLE, IN 47006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on April 8, 2011. This visit included the PSR to the Investigation of Complaints IN00086981, IN00087366 and IN00087411 completed on April 8, 2011.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00090444.</p> <p>Complaints IN00086981, IN00087366 and IN00087411 -- corrected.</p> <p>Survey dates: May 31 and June 1, 2011</p> <p>Facility number: 006489 Provider number: 006489 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN, TC Diana Sidell, RN</p> <p>Census bed type: Residential: 36 Total: 36</p> <p>Census payor type: Other: 36 Total: 36</p> <p>Sample: 3</p> <p>Chateau of Batesville was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey and to the PSR to the Investigation of Complaints IN00086981, IN00087366 and IN00087411.</p>	{R 000}		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

H6Y912

If continuation sheet 1 of 2

Indiana State Department of Health

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{R 000}	Continued From page 1 Quality review 6/07/11 by Suzanne Williams, RN	{R 000}			